

MOLES, DYSPLASTIC NEVUS, AND MELANOMA

NORMAL MOLES are common small brown blemishes or growths on the skin ("beauty marks") that appear in the first few decades of life in almost everyone.

DYSPLASTIC NEVI (atypical moles) are unusual, benign moles which resemble melanoma and indicate an increased risk. It has been well documented in the medical literature that a small percentage of dysplastic nevi will grow melanoma. Complete removal of dysplastic nevus (plural nevi) eliminates this risk ***in that mole only***.

MELANOMA is a skin cancer which often looks like an irregularly shaped, multicolored, or inflamed mole.

Medical reports indicate that at least 20 million Caucasians in the U.S. have dysplastic nevus syndrome and half of their close relatives may also be affected (The dysplastic nevus syndrome is still under investigation. Current knowledge is reviewed in this brochure).

Those who have dysplastic nevi and a family history (two or more close blood relatives) of such nevi and melanoma have more than a 50% risk of developing melanoma by the age of sixty. Others who have dysplastic nevi, but not such a strong family history of melanoma, are also at significantly greater risk of developing melanoma than the general population. This risk is 10%-certainly great enough to warrant self-examination, medical checkups, and sun protection.

IF MELANOMA IS DETECTED EARLY, BEFORE IT SPREADS, IT IS USUALLY CURABLE WITH SIMPLE SURGICAL TREATMENT. IF NEGLECTED, IT MAY BE FATAL.

If any of the warning signs included in this information sheet appear on your own skin or that of a family member, a dermatologist should be consulted right away.

NORMAL MOLES VERSUS DYSPLASTIC NEVI

NORMAL MOLES; these are some characteristics of normal moles:

SHAPE: symmetrical, round, or oval

BORDER: regular, sharp, and well-defined

COLOR: usually one or two shades of tan, brown, or skin color

DIAMETER: usually less than 1/4 inch (can be covered by a pencil eraser)

LOCATION: concentrated on sun-exposed skin of the face, trunk, arms, and legs

ONSET: usually during early childhood through mid-twenties

UNIFORMITY: resemble one another

DYSPLASTIC NEVI

If any of your moles have some of the following characteristics you should consult your physician.

SHAPE: often asymmetrical; one half looks obviously unlike the other

BORDER: irregular or hazy; the mole seems to gradually fade into the surrounding skin

COLOR: variation and with tan, brown, dark brown, blue or black (sometimes with a pinkish hue)

DIAMETER: larger than normal-1/4 inch to 1/3 inch or more

LOCATION: most commonly on the back, chest, abdomen, and extremities; may also occur on normally unexposed areas (buttocks, groin, or female breasts as well as the soles of the feet and palms of the hands)

GROWTH: enlargement in a previously stable mole or appearance of a new mole after age 25 should raise suspicion

SURFACE: central portion may be flat or raised, sometimes with tiny, cobblestone elevations

APPEARANCE: greatly varied; dysplastic nevi often look unusual and different from one another

NUMBER: a few to over 100 dysplastic nevi may be present; numerous moles, regardless of color or type, are a risk factor for melanoma

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Some moles can change into different stages...

Normal Moles → Mild Atypia → Moderate Atypia → Severe Atypia → Melanoma

Be alert for serious warning signs to appear, such as:

**ELEVATION
BLEEDING
SWELLING
CRUSTING
OOZING
SOFTENING/ HARDENING
BLUISH-BLACK COLOR**

IF MOLES BECOME MELANOMA

Melanoma is a cancer that arises from the pigment cells of the skin or from similar cells that make up moles. After a period of time-from months to years- this type of cancer sends down 'roots' into deeper layers of the skin. Some of these microscopic extensions can spread new tumor growths (metastases) to vital organs of the body. In people with dysplastic nevi and a family history of dysplastic nevi and melanoma, the cancer often develops by the decade of the thirties, and occasionally in teenagers. In people with dysplastic nevi, without a family history of dysplastic nevi and melanoma, the average age for melanoma development is in the mid-forties.

The incidence of melanoma is rising more rapidly than that of any other cancer in the U.S. In 1980, one person out of 250 had a risk of developing a melanoma in the course of a lifetime. Fortunately, melanoma is one of the easiest tumors to find and one of the easiest to cure **IF IT IS FOUND AND REMOVED EARLY**. If allowed to progress to the point of metastases, the prognosis (forecast) is very poor. At times it is difficult to distinguish between dysplastic nevi and early melanoma. To establish the difference, your doctor will remove the mole and have it examined in the laboratory.

SUGGESTIONS FOR PEOPLE WITH DYSPLASTIC NEVI

If your doctor suspects the presence of dysplastic nevi, one or more moles may be completely removed for microscopic examination by a dermatopathologist. At Florida Skin Center we believe that only board certified dermatopathologists should examine our patients' skin specimens. A minor surgical procedure called shave biopsy removes the mole. If moles show change or signs of melanoma, or if new moles appear in adulthood, they will be considered for biopsy by your physician. When the diagnosis of dysplastic nevus is confirmed microscopically, it is advisable to:

- Gather a family history of unusual moles, melanomas, or other cancers and discuss it with your doctor.
- Have close relatives examined for any signs of dysplastic nevi or melanomas.
- Have regular complete skin examinations at intervals suggested by your doctor, usually six months.
- Supplement medical checkups with self-examination of the skin every month.
- Reduce sun exposure and teach your family that excessive sun exposure may stimulate or accelerate (not cause) formation of new moles or may cause melanomas.
- Have any unusual or changing skin growth examined promptly by your doctor.
- Check with Your physician to see if an eye examination is recommended, since moles may also affect the eyes.
- Be concerned, but don't worry excessively. With regular self-examination, professional examination, and common sense, there is little chance that a melanoma will grow to a threatening size before it can be detected and removed.
- Use a sunscreen with an SPF of 30 or higher, reapplying it every hour if perspiring or swimming. Wear a wide-brimmed hat and tightly- woven clothing. Avoid tanning booths.
- Discuss any hormone medications with your doctor before using them.

REMEMBER, THE "MOLE" THAT UNDERGOES A SIGNIFICANT CHANGE IN SIZE, SHAPE, OR COLOR, AND THE "MOLE" THAT CAUSES SYMPTOMS OF ITCHING OR BURNING SHOULD BE SUSPECTED OF BEING A MELANOMA.

The ABCD's of moles are:

A=Asymmetry. Normal moles are generally symmetrical.

B=Border. Normal moles have a sharp border.

C=Color. Normal moles are tan-brown or flesh colored. Black, blue and multicolored are more suspicious.

D=Diameter. Moles are usually small and grow slowly if they grow at all. Large moles (>1/2 inch) and rapidly increasing diameter in a mole are also suspicious.